

L250000 45132

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H250000435823)))



H2500004358234BCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : RCA ACCOUNTING SERVICES CORP
Account Number : I20180000102
Phone : (305)799-7633
Fax Number : (305)564-6857

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
TABLETOP & BEYOND LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

FILED
2025 FEB -4 AM 11:06
STATE OF FLORIDA
TALLAHASSEE

RECEIVED

2025 FEB -4 PM 4:41

Electronic Filing Menu

Corporate Filing Menu

Help

**Articles of Organization
For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:
TABLETOP & BEYOND LLC

Article II

The street address of the principal office of the Limited Liability Company is:

**1818 SW 1ST AVE APT 802
MIAMI, FL 33129**

The mailing address of Limited Liability Company is:

**1818 SW 1ST AVE APT 802
MIAMI, FL 33129**

Article III

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS

Article IV

The name and Florida street address of the registered agent is:

**AARON LOCANTO
1818 SW 1ST AVE APT 802
MIAMI, FL 33129**

FILED
2025 FEB -4 AM 11:06
NOTARIAL STATE
ATTY CHASSEE CLOPIN

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: *Aaron Ocanto*

Article V

The name and address of person(s) authorized to manager LLC:

Title: **MANAGER**
AARON I OCANTO
1818 SW 1ST AVE APT 802
MIAMI, FL 33129

Article VI

The effective date for this Limited Liability Company shall be:

Signature of member or an authorized representative

Aaron Ocanto

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.